



# APPLICATION TO MODIFY A CLASS II WELL PERMIT

State Form 55116 (10-12) / Form No. A7

## INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas  
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FOR DIVISION OFFICE USE ONLY	
Date received	Application number
Date denied	Reasons <input type="checkbox"/> Documentation <input type="checkbox"/> AOR <input type="checkbox"/> Hearing on <input type="checkbox"/> Newcone
Date approved	By
IGS ID:	

### PART I GENERAL INFORMATION

Name of operator	Telephone number ( ) -	Permit number
Address of operator ( <input type="checkbox"/> Check here if this is a new address )		
City	State	ZIP code

### PART II LOCATION INFORMATION

Name of lease	Well number	County
Land Type	Township	Range
Land Number:	¼	¼
Footage's:		ft. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line
		ft. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line

### PART III CHANGE INFORMATION

Type of change (Check all that apply)

Well construction (Complete PARTS IV and VIII)    
  Injection pressure/ rate (Complete PARTS V and VIII)    
  Injection zones (Complete PARTS IV, VI and VIII)    
  Injection fluid (Complete PARTS VII and VIII)

### PART IV WELL CONSTRUCTION

#### Section a Current

Casing Specifications			Cement		Hole	
Casing size O.D. ( Inches & Decimals )	Wt./ ft. ( lbs. ) - Grade	Setting depth	Sacks	Class-yield per sack	Depth	Diameter
Surface	lbs. -	ft.		-	ft.	in.
Intermed.	lbs. -	ft.		-	ft.	in.
Long string	lbs. -	ft.		-	ft.	in.
Liner	lbs. -	ft.		-	ft.	in.
Tubing	lbs. -	ft.	Packer setting depth		CIBP depth	

#### Section b Proposed

Casing Specifications			Cement		Hole	
Casing size O.D. ( Inches & Decimals )	Wt./ ft. ( lbs. ) - Grade	Setting depth	Sacks	Class-yield per sack	Depth	Diameter
Surface	lbs. -	ft.		-	ft.	in.
Intermed.	lbs. -	ft.		-	ft.	in.
Long string	lbs. -	ft.		-	ft.	in.
Liner	lbs. -	ft.		-	ft.	in.
Tubing	lbs. -	ft.	Packer setting depth		CIBP depth	

### PART V INJECTION PRESSURE/RATE

Current assigned pressure psi	Proposed pressure psi	Current assigned rate Barrels/ day	Proposed rate Barrels/ day
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Method used to determine proposed pressure

Step rate test   
  Fracture analysis   
  Other (Explain)

**Important: Copies of the tests used to determine proposed pressure must be attached**

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PART VI INJECTION ZONES			
Current formations	Current intervals		Proposed formations
	From	ft. to	ft.
	From	ft. to	ft.
	From	ft. to	ft.
	From	ft. to	ft.
	From	ft. to	ft.
	From	ft. to	ft.
PART VII INJECTION FLUID			
Current fluid source		Proposed fluid source	
<b>Important: An analysis of the proposed fluid must accompany this form</b>			
PART VIII AFFIRMATION			
<b>I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief.</b>			
Typed or printed name of operator or authorized agent			
Signature of operator or authorized agent			Date signed

### **SPECIAL REQUIREMENTS**

1. Only those individuals whose signatures appear in PARTS V and VI of the Organizational Report may sign this form
2. Documentation submitted in support of a change in pressure or fluid source should be **less than ten years old, must be legible and will not** be accepted if altered in any manner.
3. Applications to modify injection pressure/rate or injection zones **may require a new public notice** and must be submitted at least **60 days** before the operator needs to make the change. A request to add a shallower injection zone than was originally permitted will result in a review of the entire ¼ mile area of review for the well.
4. Under Part VI, enter all currently permitted injection zones under "Current formations". Enter all formations that will be used for injection under "Proposed formations", not just new injection intervals. The Proposed formations should include all intervals that will be used for injection after the permit is modified.
5. Under Part VII, if a new source of injection fluid is proposed, an analysis of the fluid must accompany this request.